FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL								
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Hawk Time Enterprises LLC Requir			Date of Event equiring Staten Month/Day/Year 7/26/2018	nent	3. Issuer Name and Ticker or Trading Symbol International Money Express, Inc. [IMXI]						
(Last) C/O ROBERT	(First)	(Middle)			4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner			5. If Amendment, Date of Original Filed (Month/Day/Year)			
9480 S. DIXIE HIGHWAY				Officer (give title below) Other (specify below)				6. Individual or Joint/Group Filing (Check Applicable Line)			
(Street) MIAMI	FL	33156			Member of 10% ow	ner group		X		y One Reporting Person y More than One erson	
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock					438,531	D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable a Expiration Date (Month/Day/Year)			ate	d 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) Or Exe		rcise Form:		6. Nature of Indirect Beneficial Ownership (Instr. 5)			
		Date Exercisable	Expiratio Date	n Title	Amount or Number of Shares	Derivative Security		Direct (D) or Indirect (I) (Instr. 5)			

Explanation of Responses:

Hawk Time Enterprises LLC, 07/30/2018 by /s/ Robert Lisy, Manager

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.

^{*} If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

^{**} Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).